

ANONYMOUS

Witness Name

GRO-B

Statement No.: WITN2151002

Exhibits: WITN2151003-020

Dated: 21st July 2021

INFECTED BLOOD INQUIRY

EXHIBIT WITN2151005

**Oxford
Radcliffe**
HOSPITALS

Appointments/Enquiries
Secretary to Dr. Giangrande
Secretary to Dr. Keeling
Fax Number

GRO-C

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19th July 1999

Ms. Jean E.W. Abbot
Paull & Williamsons (Solicitors)
13 North Bank Street
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EH1 2LP



Dear Ms. Abbot

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Thank you for sending me some preliminary background information about this case, which we also spoke about on the telephone on July 14th. As someone who works exclusively in the field of haemophilia care, I can assure you that I have tremendous sympathy with patients who have been exposed to HIV or hepatitis C in the past. I can also quite understand the anger that parents of younger children who have been exposed to hepatitis C must feel. I have strongly supported the national campaign of the Haemophilia Society for an ex-gratia payment as compensation from the government, but this has not been successful so far.

I thought it would be helpful for me to summarise my initial views on this case, without charging a professional fee as I recognise the particularly difficult financial circumstances of this family.

The issues, I believe, are as follows:

1. Bleeding disorders such as haemophilia are obviously usually inherited within families, but do arise spontaneously. It would appear that this family has, fortunately, not had experience of other affected family members and they may not be familiar with the many potential complications of haemophilia. There is a tendency to underestimate the severity of this condition, but the reality is that children seldom survive into their teens in the absence of any effective treatment.
2. In this context, I note that S was treated in July 1983 for oozing from his lip. The parents note that blood was not "gushing," but this is still nevertheless a potentially serious problem and the boy needed a blood transfusion. It is my opinion that it was entirely appropriate for S to be treated with blood products for this episode. Similarly, I note

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that he required treatment in October 1984 after a head injury and there was apparently some concern that he had actually suffered a brain haemorrhage. Again, it was entirely appropriate to treat with blood products, and we would have done exactly the same here in Oxford.

3. There appears to have been some confusion initially as to whether S had von Willebrand's disease or haemophilia. However, the blood products used for this two conditions in the early 1980's were the same, and thus the apparent delay in establishing the diagnosis is not an important issue. It is also my opinion that it was reasonable to use factor VIII concentrate instead of cryoprecipitate at the time. Prof. Prestby's Report? differs?
4. The hepatitis C virus had not been identified in 1983 or 1984. It was first identified in 1989, but it took some time for tests to be introduced into daily clinical practice, and most countries had introduced this by 1991. However, in 1985, heat-treatment of coagulation factor concentrates was introduced in order to destroy any residual HIV. We now know, in retrospect, this was also effective against hepatitis C, but heat-treated products were certainly not used in the UK in 1983 and 1984. There is a chemical called DDAVP, which may be of use in some cases of von Willebrand's disease or mild haemophilia A. The use of this chemical, which obviously carries no risk of transmitting viral infections, was introduced in the late 1970s and certainly the basis of several claims for compensation after exposure to hepatitis C revolves around whether the patient could or should have been treated with DDAVP instead of a plasma-derived blood product. However, this argument would not be applicable in this case. DDAVP is recognised as having some toxic effects in young children, and current guidelines do not advocate its use in very young children.
5. The parents were obviously upset to learn from Dr. Ludlam in 1994 that S had been exposed to hepatitis C. Again, I could not criticise Dr. Ludlam for this. We only began testing our patients in 1993 here in Oxford, and the early tests gave a number of false-positive and false-negative results. Furthermore, the natural history of hepatitis C was certainly not clear at the time, and it could be argued that Dr. Ludlam would merely have generated more anxiety by simply informing the patients that S had antibodies to hepatitis C. Rubin's
- * 6. I do not hide the fact that I know Dr. Ludlam personally. He is currently the Chairman of the UK Haemophilia Centre Directors' Organisation, of which I am a member. He is the Director of the Haemophilia Centre at the Edinburgh Royal Infirmary and is clearly a leader in the field of treatment of bleeding disorders and he has considerable personal experience in this area.

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In conclusion, I have tremendous sympathy with **S** parents but I do not feel, on the basis of the summary you have sent me, that the boy's treatment was negligent. I imagine that you will wish to discuss my preliminary observations with the family. If, however, you do wish to pursue the case further I would be happy to receive and study all the relevant papers.

Yours sincerely

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